STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E594	A. BUILDING _____ B. WING _____	03/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCGIVNEY HEALTH CARE CENTER	2907 EAST 136TH STREET CARMEL, IN46033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/22/11 Facility Number: 000545 Provider Number: 15E594 AIM Number: 100267350 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, McGivney Health Care Center was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a lower level was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and in all resident rooms. The facility has a capacity of 37 and had a census of 26 at the time of this	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E594	A. BUILDING _____ B. WING _____	03/22/2011

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	visit. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/22/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0039 SS=D	Based on observation and interview, the facility failed to ensure 1 of 3 exit access corridors had an exit width of at least 4 feet (48 inches). This deficient practice could affect 3 of 26 residents using the west corridor. Findings include: Based on observation with the Administrator during the tour of the facility from 11:10 a.m. to 12:45 p.m., the exit access corridor serving resident room 5 measured thirty eight inches in width. Based on interview at the time of observation, the Administrator acknowledged the exit access corridor serving resident room 5 is less than four feet in width.	K0039	K 039We are requesting a waiver for the size of the exit access corridor as it meets the needs of the residents and it does not create a hazard to the safety of our residents. Please see enclosed letter and Life Safety Code Waiver Request.Gibault Care Inc., is responsible for the finding.	04/21/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E594	A. BUILDING _____ B. WING _____	03/22/2011

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	3.1-19(b)			